STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013865	A. BUILDING: _____ B. WING _____	R-C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN COMMUNITY HOME OF OSCEOLA	2650 65TH AVENUE OSCEOLA, WI 54020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 11/05/2024, Surveyor conducted a verification visit at Christian Community Home of Osceola. Data was collected through 11/07/2024. One violation was identified. The violation is a repeat violation. See Statement of Deficiency (SOD) M6V311, dated 10/25/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 16.	{N 000}		
{N 525}	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure evacuation times, the type	{N 525}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013865	A. BUILDING: _____ B. WING _____	R-C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN COMMUNITY HOME OF OSCEOLA	2650 65TH AVENUE OSCEOLA, WI 54020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 525}	Continued From page 1 of assistance needed, and a list of the residents evacuating, were recorded. This is a repeat deficiency. See Statement of Deficiency (SOD) M6V311, dated 10/25/2023. The provider is licensed to care for 20 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. Findings include: On 11/05/2024, Surveyor requested the fire drill records. -A Code Red Drill Report, dated 03/28/2024, indicated the drill began at 1:13 PM and ended at 1:35 PM, a total of 22 minutes. A list of residents, assistance required, and evacuations times was not recorded. A comment read, "Ran a silent drill due to residents [sic] state of health." -A Code Red Drill Report, dated 06/25/2024, indicted the drill began at 8:00 AM and ended at 8:20 AM, a total of 20 minutes. A list of 6 resident initials was recorded and if they needed an assist of 1 or 2 staff. There were no fire evacuation times recorded. -A Code Red Drill, dated 09/24/2024, indicated a drill began at 10:00 PM and ended at 10:45 PM, a total of 45 minutes. A list of residents, assistance required, or evacuation times was not recorded. A comment read, "discussed [sic] Procedures [sic] if a Real [sic] fire were to happen." At approximately 10:40 AM, Surveyor interviewed Maintenance A. Maintenance A stated the drill on 03/28/2024 was a silent drill because a resident was actively dying, and family were visiting. Maintenance A stated no residents evacuated. Maintenance A stated the drill on 06/25/2024 listed only 6 residents because the drill was	{N 525}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013865	A. BUILDING: _____ B. WING _____	R-C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN COMMUNITY HOME OF OSCEOLA	2650 65TH AVENUE OSCEOLA, WI 54020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 525}	Continued From page 2 completed in the zone where they resided in the building. Maintenance A explained there were 2 zones in the building that were behind fire doors, and at times utilized the area for an evacuation point. Maintenance A stated the drill on 09/24/2024 was completed at night and stated that no residents were evacuated. Maintenance A confirmed the start time and end times indicated on the fire drill documents were when the alarm was activated and reset. From 12:23 PM to 12:38 PM, Surveyor interviewed Caregiver B, who stated that during fire drills, staff assist the residents with exiting the building about 2 times a year, otherwise they evacuate the residents to a zone in the building. Caregiver B stated it takes about 15 minutes to evacuate all the residents. Caregiver B stated s/he recalled they used to record each resident's total evacuation times. On 11/07/2024 at approximately 3:45 PM, Surveyor interviewed Administrator C, who confirmed that Maintenance A was responsible for the completion of fire drills and filling out the fire drill logs. The provider did not ensure documentation of fire drills contained a list of residents, the type of assistance needed, and the time it took to evacuate. The provider did not ensure all the residents participated in all the fire drills.	{N 525}		